

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10-089,960	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1									
2		1								
3		1								
4		1								
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48										
49										
50										
TOTAL IND.	4									
TOTAL DEP.	17	↓	↓	↓						
TOTAL CLAIMS	21									